



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, PACIFIC TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL.: 587-0460 FAX: 587-0470

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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(See back of this form for instructions)

(Type or Print Clearly)

PART I LOBBYIST

NAME (Last)	(First)	(Middle)	TELEPHONE
KAIZAWA	LORI	K.	808-524-4155
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)
1000 Bishop St., Ste. 902	Honolulu	HI	96813
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
ADVOCATES			808-524-4155
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)
1000 Bishop St., Ste. 902	Honolulu	HI	96813

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE		
Hawaii Psychiatric Medical Association	808-536-6988		
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)
1360 S. Beretania, 2nd Floor	Honolulu	HI	96814
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Lydia Hardie			808-536-6988
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)
1360 S. Beretania, 2nd floor	Honolulu	HI	96814

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input type="checkbox"/> Human Services | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input type="checkbox"/> Government Operations & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation |
| <input type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input type="checkbox"/> Labor & Employment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input checked="" type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other: (indicate below) |
| <input type="checkbox"/> Ecology, Energy, Environmental Protection | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | |

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

Frederic C. Langston
(Signature of Lobbyist)

1/16/03
(Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED		
Lydia Hardie			
NAME OF ORGANIZATION (if applicable)	TELEPHONE		
Hawaii Psychiatric Medical Association	808-536-6988		
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)
1360 S. Beretania, 2nd floor	Honolulu	HI	96814
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.			
<i>Lydia Hardie</i> (Signature of Authorizing Officer or Person Represented)			1-30-03 (Date)